

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities (DDD)**DEVELOPMENTAL HOME VISIT REPORT**

LICENSEE OR APPLICANT'S NAME <i>(Last, First, Middle)</i>	TIME ARRIVED	TIME DEPARTED
DEVELOPMENTAL HOME ADDRESS <i>(No., Street, City, State, ZIP)</i>		VISIT DATE

PURPOSE OR FOCUS OF HOME VISIT

RECORDS, DOCUMENTS, ITEMS REVIEWED OR INSPECTED

NOTED DEFICIENCIES

GENERAL CONCERNS

POSITIVE PRACTICES/COMMENDATIONS

**REQUIRED FOLLOW-UP**

1. ☐ None.
2. ☐ Corrected at time of inspection.
3. ☐ Report to follow within 30 days.
4. ☐ Comments \_\_\_\_\_

LICENSING WORKER'S SIGNATURE	DATE
LICENSEE/APPLICANT'S SIGNATURE	DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.

## Completion Instructions for DDD-1092AFORNA DEVELOPMENTAL HOME VISIT REPORT

A. Purpose. Self-explanatory.

B. Completion.

1. Write clearly and press firmly if completing by hand so that all three copies are legible.
2. Complete all applicable parts of the form—most importantly—record dates, times, names, addresses and details.
3. Under **PURPOSE OR FOCUS OF HOME VISIT**, specify one or more of the following:
  - a. General monitoring visit for licensing compliance.
  - b. Follow-up on Corrective Action Plan.
  - c. Investigate a complaint or UIR.
  - d. Renewal License Home Visit.
  - e. Other.
4. Under **RECORDS, DOCUMENTS, ITEMS REVIEWED OR INSPECTED**, specify what you looked at. (*Examples: Client File Review—Clara Client; Completed a health/safety inspection; Reviewed training records; Observed the daily routine; Observed training program on eating for Clara Client; Interviewed licensee or household member.*)
5. Under **NOTED DEFICIENCIES**, list the specific rules which were found to be out of compliance and a brief description of the finding.
6. Under **GENERAL CONCERNS**, list items of concern of a general nature that may or may not be directly related to Licensing Rules but do impact on client care, contract compliance, and/or quality of life issues. (Examples:
  - a. *Noted that Clara has not attended her day program for 4 days—van lift is broken;*
  - b. *The dinner prepared was not appetizing—hot dogs, sauerkraut, canned pears, and Koolaid; Clara refused to eat it and was not provided with an alternative vegetable—no choices given for beverage;*
  - c. *John complained that he was bored and never gets to go anywhere; Recreation logs indicate no outings in the last 45 days;*
  - d. *Licensee unable to meet clients' needs; While licensee was assisting Clara and John to eat, Sally had no assistance provided to her in eating more slowly and chewing food;*
  - e. *Licensee drank a Coke in front of clients; when two clients asked for a Coke also, licensee said, "Get a drink of water; it's better for you," etc.)*
7. Under **POSITIVE PRACTICES/COMMENDATIONS**, record the good things which are occurring in the home, anything which is commendable or impressive. (*Examples:*
  - a. *The home was spotless on my unannounced visit;*
  - b. *Lots of client participation in the preparation of the meal—two clients cooked the meal almost independently;*
  - c. *Client records were well organized, up to date and very easy to review;*
  - d. *Very impressed with the licensee interaction with clients. Very warm, non patronizing, and appropriate;*
  - e. *Observed licensee implement Clara's signing program—great job—licensee very skilled in sign language and it was obvious that Clara enjoyed the attention and is making progress, etc.*
8. Under **REQUIRED FOLLOW-UP**, specify what the licensee should do in response to the home visit report and/or whether further action will be taken by the Division. If no deficiencies or major concerns are indicated, the **REQUIRED FOLLOW-UP** would be **item #1**, "None." If the deficiencies were corrected at the time of inspection, check **item #2**. If the deficiencies or concerns are serious and require evidence of correction check **item #3**. Then return to the office, discuss the problems with your supervisor and the licensing manager to draft a formal letter to the licensee clearly citing the deficiencies and concerns and the required corrections or response. Set timelines for when a response should be received. If there are one or more deficiencies or concerns which merit a response check **item #4** and specify the specific actions required of the licensee to correct the deficiency.

The licensing manager must approve all corrective action plans. If the concerns are serious the district office should contact Central Office and a meeting should be scheduled with the licensee to verbally discuss the serious problems. This meeting must be held as soon as possible and the results of the meeting clearly documented and provided to the agency.
9. The licensing worker should sign and date this form and request the licensee sign and date this form.

C. Routing: Original – Licensee or Applicant, Copy – Agency or District file, Copy – Central Office (Licensing File).